

FILED AUG 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23690
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 466

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1701 Seifert Dr.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1701 Seifert Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNIE Middle CATHERINE Last BEARDEN				4. DATE OF DEATH Month 7 Day 18 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-14-1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Butler County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John N. Lacks				13b. MOTHER'S MAIDEN NAME Catherine Smith		14. NAME OF HUSBAND OR WIFE Lydie Bearden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Lydie Bearden, Poplar Bluff, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bowel obstruction Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Shock DUE TO (c) 5705 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous bowel surgery, Myocarditis INTERVAL BETWEEN ONSET AND DEATH probably 2 days.							
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5705					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/18/57 to 7/18/57 and last saw her alive on 7/18/57 Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Cyn. J. G. Fitch MD				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 7/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-20-1957		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.				25. DATE REGD. BY LOCAL REG. 7/29/57		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

AUG 6 - 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.